

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

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| PLAINTIFF United States of America | COURT CASE NUMBER CR 12-10226-DJC |
| DEFENDANT John Kosta, et al. | TYPE OF PROCESS Preliminary Order of Forfeiture |

2011 SEP 15 P 3:20

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|-----------------|--|--|
| SERVE AT | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN | |
| | 100 Summit Avenue, Orange, Massachusetts | |
| | ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) | |

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| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW | Number of process to be served with this Form 285 |
| Doreen M. Rachal, Assistant U.S. Attorney United States Attorney's Office John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, MA 02210 | / |
| | Number of parties to be served in this case |
| | Check for service on U.S.A. |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Please serve notice upon the real property referenced above of this forfeiture action by posting and walking the attached Preliminary Order of Forfeiture.

CATS ID 12-FBI-006389

JLJ x 3297

| | | | |
|---|---|------------------|---------|
| Signature of Attorney other Originator requesting service on behalf of: | <input checked="" type="checkbox"/> PLAINTIFF | TELEPHONE NUMBER | DATE |
| <i>Doreen M. Rachal</i> | <input type="checkbox"/> DEFENDANT | (617) 748-3100 | 7/28/14 |

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

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|--|---------------|-------------------------------------|------------------------------------|--|------------------------|
| I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i> | Total Process | District of Origin No. <u>38</u> | District to Serve No. <u>38</u> | Signature of Authorized USMS Deputy or Clerk | Date <u>8/12/14</u> |
|--|---------------|-------------------------------------|------------------------------------|--|------------------------|

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

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| Name and title of individual served (if not shown above) <i>No POF Sled</i> | <input checked="" type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode |
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| | | | |
|--|--|------------------|---|
| Address (complete only different than shown above) | Date <u>9/1/14</u> | Time <u>1:30</u> | <input type="checkbox"/> am <input checked="" type="checkbox"/> pm |
| | Signature of U.S. Marshal or Deputy <i>SAIC 047</i> | | |

| | | | | | |
|--------------------------|--|----------------------------------|---------------|------------------|--|
| Service Fee <u>65</u> | Total Mileage Charges including endeavors <u>150 c³.56</u> | Forwarding Fee <u>-\$4.00</u> | Total Charges | Advance Deposits | Amount owed to U.S. Marshal* or (Amount of Refund*) <u>\$0.00</u> |
|--------------------------|--|----------------------------------|---------------|------------------|--|

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| REMARKS <i>8 Serviced & first attempt. Property Vacant and Marked (USMS SP Strains)</i> | <u>31</u> |
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| PRINT 5 COPIES: | 1. CLERK OF THE COURT 2. USMS RECORD 3. NOTICE OF SERVICE 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal. 5. ACKNOWLEDGMENT OF RECEIPT | PRIOR EDITIONS MAY BE USED |
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